



Division of Workers' Compensation (DWC)

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California



## Qualified Medical Examiner Online Form

### STATE OF CALIFORNIA

#### DEPARTMENT OF INDUSTRIAL RELATIONS

Division of Workers' Compensation Medical Unit

[MUhelpdesk@dir.ca.gov](mailto:MUhelpdesk@dir.ca.gov)

Telephone: 510-286-3700 or (800) 794-6900



Date: 04/08/2019

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To: IANA ZADNEPROVSKAIA  
333 Hegenberger Rd Ste 504  
OAKLAND, CA 94621

Request No.: 5332420  
ER: CARDIONET LLC  
DOI: February 15, 2019  
Claim No.: 7173815490

The Medical Unit is unable to fulfill your request for the reasons listed:

The DWC Medical Unit is unable to issue a panel because your request is premature as defined in Labor Code section 4062.2; 8 CCR sections 10507 and 10508.

For questions, please contact the Medical Unit at [MUHelpdesk@dir.ca.gov](mailto:MUHelpdesk@dir.ca.gov) for assistance.



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